PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number $10/585733$																
															CLAIMS	,	S FILED - PARTI			SMALL E TYPE		TITY OR		OTHER THAN SMALL ENTITY	
													11.0	O MATIONAL	STAGE FEES	(Colum	ın 1)	_ _	(Column 2)	ד	-	i L	7	7	Υ
 		STAGE FEES	-	~~;;;	 		1	RATE	FEE		RATE	FEE													
BAS	SIC FEE			SMALL ENT. = \$ 150		GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300													
EXA	AMINATION FE	∄E.	Satisfies PCT A (4) = \$50	0/\$100 `		sher situations = \$ 100 / \$ 200		EXAM. FEE			EXAM, FEE	200													
SEA	ARCH FEE		ALL other cou	U.S. is ISA = \$50/\$100 ALL other countries = " \$ 200/\$400		ALL other situations = \$250 / \$500		SEARCH FEE			SEARCH FEE	400													
FEE	E FOR EXTRA	SPEC. PGS.	min	minus 100 =		/ 50 =		X \$ 125 =		1.	X \$ 250 =														
101	TAL CHARGEA	BLE CLAIMS	20 mii	20 minus 20 =		*		X \$ 25 ≈		QR	X \$ 50 =	1.													
	DEPENDENT CL	,		ninus 3 =	* /			X \$ 100 =		OR	X \$ 200 =	200													
	·	NDENT CLAIM PRI			yes			+ \$ 180 =		OR	+ \$ 360 =	360													
* If	the difference	e in column 1 is	less than zero	o, enter "(J" in co	olumn 2		TOTAL		OR	TOTAL	1460													
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) GLAIMS HIGHEST								SMALLE	ENTITY	OR:	OTHER SMALL E														
ENT A		REMAINING AFTER AMENDMENT			NUMBER PRESENT PREVIOUSLY EXTRA PAID FOR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE													
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =														
AME	Independent	*	Minus	***		=		X \$ 100 =	· · · · · ·	OR	X \$ 200 =														
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =														
							L	TOTAL ADDIT.		. . OR	TOTAL ADDIT.														
		(Oalumn 1)		· · · · · · · · · · · · · · · · · · ·	~ `						-														
		(Column 1) CLAIMS	.T	(Colum HIGHE	EST	(Column 3)	Γ		ADDI-	ı	<u> </u>	ADDI-													
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE -	TIONAL FEE													
NDW	Total	*	Minus	**		s		X \$ 25 =		or	X \$ 50 =														
AME	Independent		Minus	***		=		X \$ 100 =		OR	X \$ 200 =														
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =														
								TOTAL ADDIT. FFF	·	OR	TOTAL ADDIT, FFF														
*	If the entry in colu	umn 1 is less than the	entry in column ?	2, write "0" ir	ı columr	13.						ļ													
""" J	' If the "Highest Nu	umber Previously Paid umber Previously Paid mber Previously Paid	d For' IN THIS SPA	PACE la less	than 'a'	aniar "a"	٠.,,			. •		,													
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ibol i losionoli i ula	ויטו נוטומוטו ווועט	sherinerità te	ពួរម យមា	nest number tound t	in the	appropriate box	in column 1.																